Form **8871**

Political Organization Notice of Section 527 Status



OMB No. 1545-1693

General Information			Employer identification pumber
Name of organization SOBEL	CAMPAIGN		# Applied for
	street, and room or suite num	Sr #N	
City or town, state, and ZIP code			65-1027459
HOCLYWOOD FL E-mail address of organization	- 370-1		W-) 100, 1171
elsobel@aol.com	1	ion's address	
Name of custodian of records Sernard J. Schinds	C CPA 470	ian's address 00 Sher.du	, S+ &N
	16/	Lywood FL	3302/
Name of contact person	5b Contac	t person's address	C+ 4N
pernard J. Schind	Pr 674		
75 - 75		14000d FC	
Business address of organization (if dif	refert from mailing address s	snown above). Number, su	eet and room or sale names
City or town, state, and ZIP code			
rt ii Purpose			
Describe the purpose of the organization	ion	1 11.	resemblies Districti
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List of All Polated Ent	ities (see instructions)		SC
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The state of All Related Entity Name of related entity		8c Address	38
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Unde	er penalties of periury. I d	eclare that the organization named	in Part I is to be treated as an organization described in section 527 of the Int
Reve	enue Code, and that I have true, correct, and complet	e examined this notice, including acc	companying schedules and statements, and to the best of my knowledge and b
		AH.	//
	- Combi	CM CM	1/31/00
gn ere	Signature of authorized		Date
ere		<u> </u>	
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Form 8871 (7-2000)